V. S. No. 2
0M—11-10-39
Rev. 5-17-39
X21492

REC'D APR 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9947

Registrar's No. 1381

Registration District No. 399

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nettie A. Eddy Home (If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution: 6 Mo. In this community: 18 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City, Mo. (If outside city or town limits write "RURAL")
(d) Street No.: 300 Benton Blvd. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ______ years.

3. (a) PRINT FULL NAME: Mrs. Lunette Shawhan 500
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Thos. J. Shawhan
6. (c) Age of husband or wife if alive: ______ years
7. Birth date of deceased: Nov. (Month) 17, (Day) 1850 (Year)

8. AGE: Years	Months	Days	If less than one day
89	4	10	___ hr. ___ min.

9. Birthplace: ______ (City, town, or county) Ohio (State or foreign country) 1
10. Usual occupation: Homemaker
11. Industry or business: --
FATHER 12. Name: Unknown 9
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 6
MOTHER 14. Maiden name: Unknown 9
15. Birthplace: (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: R.B.Shawhan
(b) Address: Parkville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar.29-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cem.
18. (a) Signature of funeral director: E.H.Blackman & Son, Inc
(b) Address: 2825 Indep.Blvd. K.C.Mo.
19. (a) Mch 28, 1940 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 27 year 1940 hour 2 minute 20 A.M.
21. I hereby certify that I attended the deceased from Feb 16, 1940, to Mar 27, 1940
that I last saw her alive on Mar 26, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	Over
Nephritis Chronic	5
Due to: 121	yrs
Due to: Uremic Poisoning	One day
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations: —
Of autopsy: No

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? ______ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
(Specify type of place)
While at work? ______ (e) Means of injury ______

23. Signature: J. H. Stauder (M. D. or other)
Address: 1116 El Camino Date signed: Mar 28 1940

(Licensed Embalmer's Statement on Reverse Side)

Va 3646

Dr. J.J. Stephan
1116 Armour

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____, Registered Apprentice No._____, working under my personal supervision.

Signed B.H. Blackmon

Licensed Embalmer No. 2244

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.